

45 Railroad Street
Lee, MA 01238

Tri-Town Health Department

Application for Health Department Licences
Towns of Lee, Lenox and Stockbridge
info@tritownhealth.org

P. (413) 243-5540
F. (413) 243-5542

Funeral Director Permit Application

Company Name: _____

Owner First Name: _____

Owner Last Name: _____

Manager First Name: _____

Manager Last Name: _____

Mailing Address: _____

Facility Address: _____

Business Phone: _____

Tax ID Number: _____

Email Address: _____

Fax Number: _____

If Business is a corporation or partnership, list name title and home address of officers or partners

State of Incorporation: _____ Emergency Response Contact: _____

Name of Local Agent: _____ Emergency Response Phone: _____

Local Agent Address: _____

Fee Schedule

Type	Fee	Implementation
Funeral Director	\$10.00	1/1/2014

Check Amount: _____

Check Number: _____

***Please make checks Payable to EACH TOWN in which you are
applying for license***

Pursuant to MGL ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or Corporate Name: _____

Signature of Corporate officer: _____

Date: _____

Payment is Due with Application. A \$35.00 Late Fee will be Assessed if Application is not Received by 12/31
Please mail Application & Fees to the Tri-Town Health Department

****As of May 1st 2015 an e-mail address is required to process every application.***